



ANNUAL STATEMENT
For the Year Ending December 31, 2012
OF THE CONDITION AND AFFAIRS OF THE
TOTAL HEALTH CARE, INC.

NAIC Group Code	1238 (Current Period)	1238 (Prior Period)	NAIC Company Code	95644	Employer's ID Number	38-2018957
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[X] No[] N/A[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]	
Incorporated/Organized	07/01/1973		Commenced Business	05/01/1976		
Statutory Home Office	3011 W. GRAND BLVD. SUITE 1600 (Street and Number)		DETROIT, MI, 48202 (City or Town, State, Country and Zip Code)			
Main Administrative Office	3011 W. GRAND BLVD. SUITE 1600 (Street and Number)		DETROIT, MI, 48202 (City or Town, State, Country and Zip Code)			
Mail Address	3011 W. GRAND BLVD. SUITE 1600 (Street and Number or P.O. Box)		DETROIT, MI, 48202 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	3011 W. GRAND BLVD. SUITE 1600 (Street and Number)		DETROIT, MI, 48202 (City or Town, State, Country and Zip Code)			
Internet Website Address	TOTALHEALTHCAREONLINE.COM		(313)871-2000 (Area Code) (Telephone Number)			
Statutory Statement Contact	NICOLE ROUSH, CFO (Name)		(313)871-6402 (Area Code)(Telephone Number)(Extension)			
	NROUSH@THC-ONLINE.COM (E-Mail Address)		(313)871-4762 (Fax Number)			

OFFICERS

Name	Title
RANDY NAROWITZ	EXECUTIVE DIRECTOR
KATHLEEN THERESA KATHER	TREASURER
ROBYN JAMES ARRINGTON JR.,M.D.	MEDICAL DIRECTOR
DOUGLAS PAUL BAKER	CHAIRPERSON
RUBY OCTAVIA COLE	V-CHAIRPERSON/SECRETARY

OTHERS

DIRECTORS OR TRUSTEES

JEANETTE ABBOTT	DOUGLAS PAUL BAKER
RUBY OCTAVIA COLE	KATHLEEN THERESA KATHER
GERTRUDE HELEN MINKIEWICZ	ELIZABETH PRATCHER
LA-VENIA BROWN #	

State of Michigan
County of WAYNE ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature) RANDY NAROWITZ (Printed Name) 1. EXECUTIVE DIRECTOR (Title)	(Signature) KATHLEEN THERESA KATHER (Printed Name) 2. V-CHAIRPERSON/TREASURER (Title)	(Signature) ROBYN JAMES ARRINGTON, JR.,M.D. (Printed Name) 3. MEDICAL DIRECTOR (Title)
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Subscribed and sworn to before me this _____ day of _____, 2013

a. Is this an original filing? Yes[X] No[]

b. If no, 1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals						
Group Subscribers:						
COMMERCIAL GROUP PREMIUMS	5,538				475	5,064
0299997 Subtotal - Group Subscribers:	5,538				475	5,064
0299998 Premiums due and unpaid not individually listed						
0299999 Total group	5,538				475	5,064
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities	1,672,575					1,672,575
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	1,678,114				475	1,677,639

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed			34,348	75,609	75,609	34,348
0199999 Subtotal - Pharmaceutical Rebate Receivables			34,348	75,609	75,609	34,348
0299998 Claim Overpayment Receivables - Not Individually Listed	8,497			416,035	416,035	8,497
0299999 Subtotal - Claim Overpayment Receivables	8,497			416,035	416,035	8,497
0399998 Loans and Advances to Providers - Not Individually Listed						
0399999 Subtotal - Loans and Advances to Providers						
0499998 Capitation Arrangement Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangement Receivables						
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
Other Receivables						
ST JOHN HEALTH SYSTEMS	945,096					945,096
0699998 Other Receivables - Not Individually Listed						
0699999 Subtotal - Other Receivables	945,096					945,096
0799999 Gross health care receivables	953,593		34,348	491,644	491,644	987,941

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Individually Listed Claims Unpaid						
CATAMARAN	788,077					788,077
0199999 Total - Individually Listed Claims Unpaid	788,077					788,077
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	7,524,235					7,524,235
0499999 Subtotals	8,312,312					8,312,312
0599999 Unreported claims and other claim reserves						10,800,930
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						19,113,242
0899999 Accrued Medical Incentive Pool and Bonus Amounts						682,224

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2	3	4	5	6	Admitted	
	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	7 Current	8 Non-Current
	NONE						
0399999 Total gross amounts receivable .....	.....	.....	.....	.....	.....	.....	.....

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Individually listed payables				
TOTAL HEALTH CARE USA, INC	SUBSIDIARY PORTION OF SPECIALTY POOL RECEIPT	253,558	253,558	
0199999 Total - Individually listed payables	X X X	253,558	253,558	
0299999 Payables not individually listed	X X X			
0399999 Total gross payables	X X X	253,558	253,558	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

		1	2	3	4	5	6
Payment Method		Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:							
1.	Medical groups	54,931,542	31.475	42,577	71.479		54,931,542
2.	Intermediaries						
3.	All other providers						
4.	TOTAL Capitation Payments	54,931,542	31.475	42,577	71.479		54,931,542
Other Payments:							
5.	Fee-for-service	22,485,931	12.884	X X X	X X X		22,485,931
6.	Contractual fee payments	96,655,669	55.382	X X X	X X X		96,655,669
7.	Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8.	Bonus/withhold arrangements - contractual fee payments	452,392	0.259	X X X	X X X		452,392
9.	Non-contingent salaries			X X X	X X X		
10.	Aggregate cost arrangements			X X X	X X X		
11.	All other payments			X X X	X X X		
12.	TOTAL Other Payments	119,593,992	68.525	X X X	X X X		119,593,992
13.	TOTAL (Line 4 plus Line 12)	174,525,534	100.000	X X X	X X X		174,525,534

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
		N O N E			
9999999 Totals			X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment .....	.....	.....	.....	.....	.....	.....
2.	Medical furniture, equipment and fixtures	N O N E		.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....			.....	.....	.....	.....
4.	Durable medical equipment .....			.....	.....	.....	.....
5.	Other property and equipment .....			.....	.....	.....	.....
6.	TOTAL .....	.....	.....	.....	.....	.....	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR
NAIC Group Code 1238 NAIC Company Code 95644

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	52,259	74							52,185	
2. First Quarter	53,273	65							53,208	
3. Second Quarter	54,456	72							54,384	
4. Third Quarter	56,578	81							56,497	
5. Current Year	59,566	76							59,490	
6. Current Year Member Months	662,602	863							661,739	
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	334,709	855							333,854	
8. Non-Physician	132,909	339							132,570	
9. TOTAL	467,618	1,194							466,424	
10. Hospital Patient Days Incurred	37,067	243							36,824	
11. Number of Inpatient Admissions	9,185	36							9,149	
12. Health Premiums Written (b)	200,561,338	367,736							200,193,602	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	200,561,338	367,736							200,193,602	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	174,525,534	663,149							173,862,385	
18. Amount Incurred for Provision of Health Care Services	175,762,553	652,942							175,109,611	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR
NAIC Group Code 1238 NAIC Company Code 95644

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	52,259	74							52,185	
2. First Quarter	53,273	65							53,208	
3. Second Quarter	54,456	72							54,384	
4. Third Quarter	56,578	81							56,497	
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13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	200,561,338	367,736							200,193,602	
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17. Amount Paid for Provision of Health Care Services	174,525,534	663,149							173,862,385	
18. Amount Incurred for Provision of Health Care Services	175,762,553	652,942							175,109,611	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE											
0999999 Total (Sum of 0399999 and 0699999)

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by
Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0799999 Total - Life and Annuity .....					.....	.....
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
60739	74-0484030 ...	11/01/2010	AMERICAN NATL INS CO	TX	15,285	.....
1199999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates					15,285	.....
1399999 Total - Accident and Health - Non-Affiliates					15,285	.....
1499999 Total - Accident and Health					15,285	.....
1599999 Total U.S. (Sum of 0199999, 0499999, 0899999 and 1199999)					15,285	.....
1699999 Total Non-U.S. (Sum of 0299999, 0599999, 0999999 and 1299999) .....						.....
1799999 Total (Sum of 0799999 and 1499999)					15,285	.....

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates												
60739	74-0484030	11/01/2010	AMERICAN NATL INS CO	TX	SSL/L/I	244,733						
0499999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						244,733						
0699999 Total - General Account - Authorized - Non-Affiliates						244,733						
0799999 Total - General Account Authorized						244,733						
1499999 Total - General Account - Unauthorized												
2199999 Total - General Account - Certified												
2299999 Total - General Account - Authrized, Unauthorized and Certified						244,733						
2999999 Total - Separate Accounts - Authorized												
3699999 Total - Separate Accounts - Unauthorized												
4299999 Total - Separate Accounts - Certified - Non-Affiliates												
4399999 Total - Separate Accounts - Certified												
4499999 Total - Separate Accounts - Authorized, Unauthorized and Certified												
4599999 Total U.S. (Sum of 0199999, 0499999, 0899999, 1199999, 1599993, 1899999, 2399999, 2699999, 3099999, 3399999, 3799999 and 4099999)						244,733						
4699999 Total Non-U.S. (Sum of 0299999, 0599999, 0999999, 1299999, 1699999, 1999999, 2499999, 2799999, 3199999, 3499999, 3899999 and 4199999)												
4799999 Total (Sum of 2299999 and 4499999)						244,733						

33 **Schedule S - Part 4** **NONE**

34 **Schedule S - Part 5** **NONE**

35 **Schedule S - Part 5 (continued)** **NONE**

SCHEDULE S - PART 6
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2012	2 2011	3 2010	4 2009	5 2008
A. OPERATIONS ITEMS					
1. Premiums	2	2			
2. Title XVIII-Medicare					
3. Title XIX - Medicaid	243	248	166	143	226
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	15		73	88	
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers		X X X	X X X	X X X	X X X
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust		X X X	X X X	X X X	X X X
18. Funds deposited by and withheld from (F)		X X X	X X X	X X X	X X X
19. Letters of credit (L)		X X X	X X X	X X X	X X X
20. Trust agreements (T)		X X X	X X X	X X X	X X X
21. Other (O)		X X X	X X X	X X X	X X X

SCHEDULE S - PART 7
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	47,822,958		47,822,958
2. Accident and health premiums due and unpaid (Line 15)	1,677,639		1,677,639
3. Amounts recoverable from reinsurers (Line 16.1)	15,285		15,285
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	1,013,543		1,013,543
6. TOTAL Assets (Line 28)	50,529,425		50,529,425
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	19,113,242		19,113,242
8. Accrued medical incentive pool and bonus payments (Line 2)	682,224		682,224
9. Premiums received in advance (Line 8)	17,154		17,154
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	1,142,221		1,142,221
15. TOTAL Liabilities (Line 24)	20,954,841		20,954,841
16. TOTAL Capital and Surplus (Line 33)	29,574,584	X X X	29,574,584
17. TOTAL Liabilities, Capital and Surplus (Line 34)	50,529,425		50,529,425
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses			
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables			
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. TOTAL Ceded Reinsurance Payables/Offsets			
31. TOTAL Net Credit for Ceded Reinsurance			

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

Direct Business only						
	1	2	3	4	5	6
States, Etc.	Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama (AL)						
2. Alaska (AK)						
3. Arizona (AZ)						
4. Arkansas (AR)						
5. California (CA)						
6. Colorado (CO)						
7. Connecticut (CT)						
8. Delaware (DE)						
9. District of Columbia (DC)						
10. Florida (FL)						
11. Georgia (GA)						
12. Hawaii (HI)						
13. Idaho (ID)						
14. Illinois (IL)						
15. Indiana (IN)						
16. Iowa (IA)						
17. Kansas (KS)						
18. Kentucky (KY)						
19. Louisiana (LA)						
20. Maine (ME)						
21. Maryland (MD)						
22. Massachusetts (MA)						
23. Michigan (MI)						
24. Minnesota (MN)						
25. Mississippi (MS)						
26. Missouri (MO)						
27. Montana (MT)						
28. Nebraska (NE)						
29. Nevada (NV)						
30. New Hampshire (NH)						
31. New Jersey (NJ)						
32. New Mexico (NM)						
33. New York (NY)						
34. North Carolina (NC)						
35. North Dakota (ND)						
36. Ohio (OH)						
37. Oklahoma (OK)						
38. Oregon (OR)						
39. Pennsylvania (PA)						
40. Rhode Island (RI)						
41. South Carolina (SC)						
42. South Dakota (SD)						
43. Tennessee (TN)						
44. Texas (TX)						
45. Utah (UT)						
46. Vermont (VT)						
47. Virginia (VA)						
48. Washington (WA)						
49. West Virginia (WV)						
50. Wisconsin (WI)						
51. Wyoming (WY)						
52. American Samoa (AS)						
53. Guam (GU)						
54. Puerto Rico (PR)						
55. U.S. Virgin Islands (VI)						
56. Northern Mariana Islands (MP)						
57. Canada (CAN)						
58. Aggregate other alien (OT)						
59. TOTALS						

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Comp-any Code	Federal ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent, Subsidiaries or Affiliates	Domic-iliary Loca-tion	Relation-ship to Report-ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
1238 ..	TOTAL HEALTH GROUP	95644	38-2018957 ..	.....	.....	.....	TOTAL HEALTH CARE INC	.. MI ..	.....	.....	.....	.....	.....	.....
1238 ..	TOTAL HEALTH GROUP	95134	33-0603319 ..	.....	.....	.....	TOTAL HEALTH CHOICE INC .....	.. FL ..	... DS ..	TOTAL HEALTH CARE INC ...	Ownership .....	..... 100.0	TOTAL HEALTH CARE INC	.....
1238 ..	TOTAL HEALTH GROUP	12326	38-3240485 ..	.....	.....	.....	TOTAL HEALTH CARE USA INC .....	.. MI ..	... DS ..	TOTAL HEALTH CARE INC ...	Ownership .....	..... 100.0	TOTAL HEALTH CARE INC	.....

Asterisk	Explanation
0000001	.....

SCHEDULE Y
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.. 95644 ..	.. 38-2018957 ..	TOTAL HEALTH CARE INC .....	.....	.....	.....	.....	.. 12,917,041	.....	.....	.....	.. 12,917,041	.....
.. 95134 ..	.. 33-0603319 ..	TOTAL HEALTH CHOICE INC .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.. 12326 ..	.. 38-3240485 ..	TOTAL HEALTH CARE USA INC .....	.....	.....	.....	.....	.. (12,917,041)	.....	.....	.....	.. (12,917,041)	.....
9999999 Control Totals .....			.....	.....	.....	.....	.....	.....	X X X	.....	.....	.....

Schedule Y Part 2 Explanation: Please refer to Footnote 10 regarding an explanation of the amounts noted in columns 8

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? Yes
2. Will an actuarial opinion be filed by March 1? Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? Yes
APRIL FILING
5. Will Management's Discussion and Analysis be filed by April 1? Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? Yes
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? Yes
JUNE FILING
8. Will an audited financial report be filed by June 1? Yes
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? Yes
AUGUST FILING
10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? Yes

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? No
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? No
13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? No
14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? No
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? No
18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be file electronically with the NAIC by March 1? No
19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? No
20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? No
APRIL FILING
21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? No
22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? No
23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? No
24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? Yes
25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? Yes
AUGUST FILING
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? Yes

Explanations:

Bar Codes:

Medicare Supplement Insurance Experience Exhibit
9564420123600000 2012 Document Code: 360

Health Life Supplement
9564420122050000 2012 Document Code: 205

Health Property / Casualty Supplement
9564420122070000 2012 Document Code: 207

Schedule SIS
9564420124200000 2012 Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies
9564420123710000 2012 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5
9564420123700000 2012 Document Code: 370

Medicare Part D Coverage Supplement
9564420123650000 2012 Document Code: 365

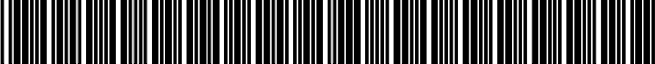
Approval for Relief related to five-year rotation for lead Audit Partner
9564420122240000 2012 Document Code: 224

Approval for Relief related to one-year cooling off period for inde. CPA
9564420122250000 2012 Document Code: 225

Approval for Relief related to Require. for Audit Committees
9564420122260000 2012 Document Code: 226

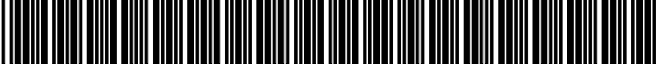
SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES (continued)

LTC Supplemental Interrogatorries



95644201230600000 2012 Document Code: 306

Analysis of Annuity Operations by Lines of Business



95644201221400000 2012 Document Code: 214

Health Property/Casualty Supplement - Insurance Expense Exhibit



95644201221300000 2012 Document Code: 213

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
	X X X		
0604.	X X X		
0697. Summary of remaining write-ins for Line 6 (Lines 0604 through 0696)	X X X		

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2
	Current Year	Prior Year
4704.		
4797. Summary of remaining write-ins for Line 47 (Lines 4704 through 4796)		

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